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Sub-Commission on Prevention of
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Working Group on Indigenous Populations
Fourteenth session
29 July-2 August 1996
Item 5 of the provisional agenda

REVIEW OF DEVELOPMENTS PERTAINING TO THE PROMOTION AND PROTECTION OF HUMAN RIGHTS AND FUNDAMENTAL FREEDOMS OF INDIGENOUS PEOPLE: HEALTH AND INDIGENOUS PEOPLES

Information received from indigenous peoples' organizations

Addendum

"TUPAJ AMARU" INDIAN MOVEMENT

[Original: Spanish]
[15 June 1996]

The new international economic order and indigenous peoples

1. There is a close causal relationship between the exercise of the right of indigenous peoples to free and sovereign development, including the right to benefit from their natural resources, and the relentless march of economic globalization, the illegal appropriation of wealth by the dominant élites and the daunting uniformity that has gripped our capacity to think and our right to dream of a better world.

2. Article 1 of the Declaration on the Right to Development proclaims that "The right to development is an inalienable human right by virtue of which every human person and all peoples are entitled to participate in, contribute to, and enjoy economic, social, cultural and political development".

3. The paradox is striking: the world's dominant economic ideology is incompatible with the concept of the right to development and therefore contrary to the effective enjoyment of natural resources, because, according to the neo-liberal orthodoxy, human and societal development take place through the anarchic and irrational interplay of blind market forces.

4. As experience has demonstrated, the operation of the law of supply and demand, which knows neither law nor morals, has in the course of time had harmful and fatal consequences for the survival of the nations of the third world, and in particular for the ancestral forms and modes of production inherent to the indigenous peoples of the Americas.

5. Shielded by the new international economic order, the neo-liberal model is driving peoples and nations in the underdeveloped countries along the path to genocide, the annihilation of age-old communities, the elimination of the economic role of the State and the establishment of an economic dictatorship under the super-State transnational corporations in national States. It is imperative for the collective consciousness, and in particular indigenous wisdom, to develop resistance to the unchecked neo-liberal model.

6. It follows from the foregoing that the promotion of economic, social and cultural rights, as understood within the framework of the prevailing economic model, will encounter serious obstacles, and it will be impossible to tackle the world's global environmental problems unless States assume their economic responsibility for regulating the anarchic activity of the transnational corporations which are devastating Mother Earth, polluting the air and water and gradually destroying life itself.

7. In response to the question "to be or not to be", the indigenous peoples' economic policy advocates sustainable development as an alternative form of development to the neo-liberal model. This requires States and the international community substantially to alter their economic development policy, to regulate the rational and reasonable use of natural resources, to renounce their way of living, producing and consuming and to place the human being at the basis of integral development in order to reconcile four great ideas: economic growth, equity, social justice and environmental sustainability.

8. In resolution 48/183 of 21 December 1993, the United Nations General Assembly proclaimed 1996 "International Year for the Eradication of Poverty" in order to reinforce peace and achieve sustainable development.

9. The indigenous organizations believe that the scourge of abject poverty which is violently and relentlessly lashing the poor nations, and particularly the indigenous populations, should be of paramount concern to United Nations bodies, and in particular the Working Group on Indigenous Populations.

10. Our aim is not to lay down a definition of the state of poverty, which would be an extremely complex exercise on account of its multiple facets. However, it is imperative to analyse the phenomenon's universal nature and the criteria for identifying abject poverty, extreme poverty, critical poverty, indigence, deep poverty or absolute poverty in historical terms, i.e. within the framework of production relations, of the increasing concentration of labour-generated wealth in a few hands and the pillaging of the land of millions of persons and the denial to them of their means of subsistence.

11. In societies based on competition, an insatiable appetite for profit, trade war and the exploitation of man by man, extreme poverty has dug the grave of generations during every phase in history, from the cradle to the grave, except under the Inca civilization, which was based on the following principles: to each according to his needs, from each according to his ability. There were no poor or beggars in Inca society.

12. As a result of the extremely severe austerity policy known as "structural adjustment" imposed on the developing countries by the International Monetary Fund, "between 1975 and 1990 wages lost between 10 and 35 per cent of their purchasing power, per capita income fell by more than 7 per cent from 1970 to 1980, and payment of the external debt led to a direct transfer of between 30 and 50 per cent of the gross resources of the third world to the rich countries" (see Nouvel Observateur, No. 11, 1992).

13. Throughout the length and breath of the third world, workers, miners and Indians experience the consequences of neo-liberal policy in their daily lives and feel it in their flesh: absolute poverty, the marginalization of and discrimination against native people and the lack of funds for education, health and housing and for dealing with the basic problems of subsistence.

14. Various sources estimate the number of persons living in poverty at more than 1 billion, 60 per cent of whom, i.e. 20 per cent of the world's population, live in extreme poverty (see E/CN.4/Sub.2/1995/15).

15. According to figures published by the World Bank and the United Nations Development Programme, "a person is considered poor if the total of his/her income earnings from the various assets he/she commands - such as land, capital and labour - do not allow that person a minimum nutritionally adequate diet and other essential non-food requirements".

16. The economic crisis sweeping through Latin America is most dramatically illustrated by the deterioration in living conditions. The final declaration of the second Regional Conference on Poverty in Latin America and the Caribbean, held in Quito in November 1990, estimated the number of poor at over 270 million, i.e. 62 per cent of the total population. These poverty-stricken individuals form a paradoxical contrast with the opulence of the tiny minorities who make up less than 5 per cent of the population but who account for the bulk of consumption, amounting to no less than 50 per cent of income.

17. Structural adjustment has a drastic impact on the health sector. Although Mother Earth possesses sufficient resources, 800 million human beings are undernourished. According to The World Health Report 1995, "Every year in

the developing world, 12.2 million children under age 5 die, most of them from preventable causes - preventable, in many cases, for just a few US cents". The report concludes that "poverty has continued and will continue to be a major obstacle to health development". In the underdeveloped countries, infant mortality averages 112 per thousand live births and life expectancy at birth has fallen to 54.

18. As in other latitudes, the repercussions of the neo-liberal model are most dramatic in rural areas, 39 per cent of whose population is extremely poor and 34 per cent poor. The two categories combined amount to 73 per cent. (See Revista Unitas, Nos. 13 and 14, 1993.)

19. In its study of the human development index, the United Nations Development Programme found that among indigenous communities the rate of infant mortality averages 94 per thousand live births and life expectancy at birth is less than 54 years (see United Nations Development Programme, Human Development Report, 1991-1992). Moreover, in 1992, 36.5 per cent of the indigenous population was illiterate, 81 per cent of them lacked access to drinking water and 86 per cent of their dwellings were without sanitation. (See Estrategia Social Boliviana, La Paz, 1991.)

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Addendum

WORLD COUNCIL OF INDIGENOUS PEOPLES

[Original: Spanish]
[26 June 1996]

Health and indigenous peoples

THE TITLE

1. In order to help clarify the terms used at this symposium, and to ensure consistency with the campaign which we have undertaken and with what follows, the terms "indigenous peoples" or "aboriginal peoples" are used, rather than "communities", which applies to the operational level of the policies based on the legislation which must be promoted in this area.

2. The term "traditional medicine" refers to the medical knowledge and practices of indigenous peoples, "practitioners of traditional medicine" to indigenous medicine specialists, and "western medicine/doctors" to what is termed "conventional medicine" in academic jargon.

INTRODUCTION

3. From March 1994 to September 1995, three regional meetings were held - in Caracas, Uganda and Hanoi - one inaugural meeting - in Ottawa - and a world meeting in Oxford, on the process known as "Global Initiative for Traditional Systems of Health (GIFTS of Health)". The process overseen by Dr. Gerald Bodeker of the National Museum of Health and Medicine, in Washington, was co-sponsored by the Pan-American Health Organization; the International Development Research Centre of Canada; the South and Meso American Information Center; Mbyara University of Science and Technology, Uganda; the Vietnamese Ministry of Health; the World Bank and the World Council of Indigenous Peoples, among others.

4. It should be noted that, according to World Health Organization estimates and the figures provided by various countries, approximately 80 per cent of the populations of "developing countries" depend on traditional forms of medicine for their basic health care. It thus becomes necessary to draw attention to these practices and obtain institutional and financial support for them. The promotion of research into traditional health systems as self-sufficient and sustainable components of health care should be guided by the principle of guaranteed continuity in practitioners' management of this knowledge, and its fundamental aim should be the adoption of policies to foster such knowledge.

5. Another important factor to be borne in mind is directly related to the maintenance of biodiversity, with particular reference to the use of medicinal plants, which must be protected from extinction as a result of intensive use for purely commercial ends.

6. For all of these reasons, we must create a climate of national awareness of the importance to health, the environment and national economies, not of saving existing health resources, but of promoting new resources and preserving and strengthening the role of traditional health systems among indigenous peoples. We must identify the various national policy models in the field of health care and their relationship with traditional indigenous systems.

7. Any conclusions drawn must take account of the promotion, protection, evaluation, efficiency and use of traditional health systems.

8. Some of the participants in GIFTS are exploring the possibility of creating a global forum to provide them with a voice in national and international policy-making. It would of course include representatives of traditional practitioners.

NATIONAL LEGISLATION AND POLICIES

9. It is essential to ensure that the professional ethics of traditional practitioners are respected and that such practices are accepted and available in hospitals in areas inhabited by indigenous peoples. The medical curricula of universities should also be expanded to take account and develop

understanding of some of the traditional medical practices of indigenous peoples. All this calls for changes in legislation to protect, preserve, support and apply traditional medical knowledge.

10. The next step is to establish government investment programmes to provide indigenous peoples with safe and effective traditional health care. Forming associations and holding meetings would also help practitioners of traditional medicine to have a voice in policy-making. We must promote awareness of the need to preserve traditional health systems as an important factor in health care and an integral part of health policy.

11. Increasing the budgets for both rural and urban health programmes to take account of these factors would be beneficial in view of the ever-increasing demand for currently inadequate national budget resources. The need to strengthen and develop understanding and the epistemological components of these systems will be felt in the process undertaken at the academic level.

RESEARCH

12. The thrust of pharmacological research has been, not to assess the potential contribution of aspects of indigenous traditional medicine to the health of the population in general, but to identify bioactive agents which can then be developed in the form of synthetic drugs. The effect of this approach is to treat the substances used in traditional medicine as raw, unprocessed materials which can be used to obtain synthetic substances. Naturally, this contributes to the marginalization of traditional health systems and makes it less likely that they will be taken into account in national health-care policies. Supporting indigenous practitioners themselves in conducting appropriate research, and ensuring the free and full application of traditional knowledge and its availability to members of indigenous populations are all factors to be taken into account with regard to research.

13. Moreover, the bulk of such knowledge has been, and continues to be, collected by laboratories in industrialized countries, for whom it represents a major source of future income and of strategic resources. Any sound national policy must therefore ensure that local research is carried out by the members of indigenous populations themselves.

14. From both the theoretical and practical standpoints, transparency and mutual cooperation is needed in order to help put these questions into context, so that they can be used to develop legislation which will promote preservation of traditional knowledge.

BIODIVERSITY

15. The loss or drastic reduction in the number of certain medicinal plants and other important plant species has a direct impact on human health and well-being, in so far as some of these species are used mainly in rural areas as the basis of local traditional medicine.

16. The 1988 Chiang Mai Declaration, the International Union for the Conservation of Nature and Natural Resources (IUCN), the Worldwide Fund for

Nature (WWF), the World Health Organization and the 1993 UNESCO/WWF report have all drawn attention to the urgent need for international cooperation in developing programmes for preserving plant species.

17. Paradoxically, in some countries urban population growth, instead of reducing demand for traditional medicine services, have increased demand for it, possibly because it is cheaper and because of increased efforts to preserve cultural traditions.

18. The collection of medicinal plants, which used to be performed by traditional practitioners, has in some cases become a commercial operation designed to supply a market which has grown with increased international demand, especially from the United States of America and the European countries. It should be borne in mind that there is a considerable difference between the way in which medicinal plants are used by traditional practitioners, who take only the small quantities needed for a specific treatment, and commercially-motivated collection for the extraction of the active agents contained by such plants.

19. The Convention on Biological Diversity classifies such plants according to whether they can be taken from the natural environment, whether they must be cultivated, or whether they should not be collected at all. The sustainability criterion applies. Cultivation and collection from the natural environment require a specific management infrastructure to ensure that the resources involved are biosustainable.

20. Changes in the natural environment as a result of logging operations, intensive or extensive farming, oil and gas extraction and mining are also factors affecting the availability of such resources.

21. It is also important for the various government ministries, parliaments and the judiciary to be made aware of the future value of biodiversity as a strategic resource for the country as a whole and its population and to coordinate efforts to preserve and develop such resources, knowledge of their use and the rights of traditional medicine practitioners. In devising specific government support programmes, priority should be accorded to the views of traditional practitioners - who should be fairly remunerated for the knowledge they contribute - and to their own systems of values. Conservation of biodiversity is pointless unless it helps to preserve practical knowledge and protect the rights of indigenous traditional practitioners.

22. As already pointed out by leaders of indigenous peoples, legislation is also needed to halt and prevent indiscriminate deforestation and to ensure that indigenous peoples are provided with appropriate training to enable them to become the permanent custodians of forest resources. Substances derived from medicinal plants and the proper use of such plants can produce greater benefits than simply cutting down forests for timber.

CULTURAL AND INTELLECTUAL PROPERTY OF INDIGENOUS PEOPLES

23. Together with the use of medicinal plants and the preservation of biodiversity, it is essential to safeguard the right to cultural and intellectual property of indigenous peoples, as it was they who discovered and

developed a knowledge of these medicinal plants and made practical use of the results. Usually, this knowledge and these resources are seen as a resource for the development of new industrial products, particularly by countries outside the region.

24. This raises many basic questions. Firstly, who owns the rights to materials which have traditionally been collected from the natural environment and processed using knowledge developed over hundreds of generations? As indigenous peoples' organizations, we maintain that these rights belong to us and that countries should pass laws to protect them.

25. This is a major concern of indigenous peoples' organizations. Governments should adopt regulations or laws requiring official bodies and private corporations to arrive at agreements with indigenous peoples on the manner in which traditional knowledge of biodiversity and its resources are to be used.

26. It is well known that scientists and researchers are very concerned to have their academic works published as they can become the basis for the development of highly profitable new drugs. However, those works should contain explicit references to the actual sources of the materials and to the knowledge imparted by local traditional practitioners as the real owners of the knowledge in question. Scientists should also assume responsibility for feeding back information obtained from their research to the original sources of the materials and knowledge acquired. In addition, a reasonable proportion of any earnings from the use of such knowledge should be used for the benefit of the indigenous people from which it came.

27. Here again, we stress that these factors must be taken into account in any legislation or regulations adopted in the interests of the people responsible for developing the knowledge in question and preserving the environment and its biodiversity.

WOMEN AND HEALTH

28. Among indigenous peoples, women play a major role in transmitting and developing culture, including the collection, cultivation and use of medicinal plants for the primary health care of their families and the community.

29. A large proportion of traditional medicine practitioners are women, hence the importance of bringing about a change in the attitudes of western societies towards the role of indigenous women, particularly regarding their active participation in production, development, reproduction, health, education and all aspects of life.

30. The training of indigenous women in the basic aspects of health care is essential in order to cope with new and long-established diseases. This represents the restoration of part of their role as providers of family and community health care based on their own natural abilities and learned within their own indigenous community.

31. The Government should develop specific programmes to support indigenous women in these respects, particularly women in rural areas, where the shortage

of information and other resources is very apparent. Indigenous women should participate directly in the planning, execution and evaluation of such programmes. As the people affected by the problems in question, it is only right that they should be involved in devising the solutions.

WHO

32. Two specific comments. The World Health Organization has turned its attention in particular to the relationship between the practice of traditional medicine and primary health care as a way of improving the effectiveness of primary health systems. Indigenous traditional medicine must be accorded its full value as an important input and contribution to mankind's knowledge of health care and the treatment of diseases.

33. In referring to traditional health systems, WHO has also emphasized that traditional practitioners should receive training in matters relating to the provision of materials to be used in the production of synthetic medicines. It should be noted that this approach does not touch on the potentially broader application of traditional medicine in the follow-up to treatment and apparently does not capitalize on the traditions and knowledge of traditional health systems which can offer apparently more effective therapies, as in the prevention of individual and community mental disorders, for example.

CONCLUSION

34. Health is much more than the absence of disease and traditional indigenous health systems should be supported and strengthened through the adoption of national policies and legislation agreed with indigenous peoples. Health in its all-inclusive form also entails a balanced, harmonious and just relationship between peoples of different cultures, with due regard for diversity, and a proper relationship between peoples, communities and individuals and the environment.

35. The traditional health systems of indigenous peoples are the product of thousands of years of development culminating in a balance with nature which is part of our physical and spiritual heritage and our indissoluble bond with the values of our mother Earth. Respect of the rights of indigenous peoples to own, administer and control our lands and their resources should weigh heavily in any analysis of these questions.

36. Our lands and anything on or under them are sacred to us. We cannot touch, remove or deplete without asking permission and performing the rites passed on by mother Earth to our ancestors and by them to us and by us to our descendants. This is our home. If we do not look after it and respect it, future generations of indigenous or other peoples will not be able to live in it.

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